Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **September 1-15, 2004.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR		F				Version
FEDERAL ASSISTANC	:E	2. DATE SUBMITTE	9-14	-04	Applicant Id	lentifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED	BY STATE			ation Identifier
Construction	Construction	4. DATE RECEIVED	BY FEDEF	AL AGENCY	Federal Ide	ntifier
Non-Construction 5. APPLICANT INFORMATIO	Non-Constructio	n	~			
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City: UKI AH		SEP 1 5 20	04 Middle	Name	Jo	
County; MENDOGILO	,		Last N		arber	
State: CA	Zip Code 45	AJE CLEARING H	IO JSE	OR		Dlave, EX. DIR
Country: USA	7370		Email:	Tha		
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68-000020	3				9223	707-468-5278
8. TYPE OF APPLICATION:		∽ .	7. TYP.	E OF APPLIC	ANT: (See ba	ck of form for Application Types)
If Revision, enter appropriate let (See back of form for description	ter(s) in box(es)	on L Revision	Other (s	:nerifi)	r - Sp	ECIAL DISTRICT
Other (specify) L. L.T.	T CONSER	D. (4.27.04.)			AL AGENCY:	· · · · · · · · · · · · · · · · · · ·
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APPLICATION FOR	SIZ-BAT CHURNTYEE	HOUSE Applicant Identifier	Valiet lio:
FEDERAL ASSISTANCE		7-77-07	
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Address:		Name and the phone repulser of person to be contact	od oli ili ili ili
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APPLICATION FOR						Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED	7/15/200	H Applicant	Identifier	
1. TYPE OF SUBMISSION:	D	3. DATE RECEIVED BY	STATE	State Ap	olication Identi	fier
Application Construction	Pre-application Construction	4. DATE RECEIVED BY	FEDERAL AGEN	CY Federal I	e me EC	EIVED
	Non-Construction					A F Ann.
5. APPLICANT INFORMATION	Table Dollar Garlon		1		Str	1 5 2004
Legal Name: Soil Ecology	& Rostocat	ion From	Organizational Department:	2 • 1		
		1011 OTOUP	Division: C	21010	STATE CL	EARING HOUSE
0 1	3371346	VENETEV	Division: Ec	ology		
Address: SAN DIEGO Street:	_	VERSITY	Name and telep involving this a			e contacted on matters
5500 Ca	mpanile Du	rive	Prefix: Mr	First Nan	ne: Tho	mas
city: San Diego)			Andrew	,	
County: San Diego			Last Name Z	Link		
State: CA	Zip Code 9218	2-4614	Suffix:			
Country: U.S.A.		The second secon	Email: +zi	nK@su	nstrok	e.sdsu.edu
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (1 - 1	nber (give area code)
95-6042721]		(619)594	-5697	(619)	594-3483
8. TYPE OF APPLICATION:	· · · · · · · · · · · · · · · · · · ·		7. TYPE OF API	PLICANT: (See	back of form	for Application Types)
K New	√ □ Continuatio er(s) in box(es)	n Revision		Ο.	,	
(See back of form for description	of letters.)		Other (specify)			
Other (specify)		· ·	9. NAME OF FE	DERAL AGEN	CY:	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE	E NUMBER:	11. DESCRIPTIV			
		11-463	Commi	inity-k	pased !	Habitat
TITLE (Name of Program): Ha	bitat Conserv	vation	Restor	ation	At B	atiquitos
12. AREAS AFFECTED BY PRO	OJECT (Cities, Counties County	s, States, etc.):	Lagoon	n Ecolo	gical	Preserve
42 PRODUCED PROJECT	Couvily		14. CONGRESS			
Start Date: 3/01/05	Ending Date: 2/	31/07	a. Applicant	53	b. Proje	ct 50
15. ESTIMATED FUNDING:	st Year O	nly	OPDED 12372 D	DUCESS3		BY STATE EXECUTIVE
a. Federal \$	40.	408.	W THIS	S PREAPPLICA	TION/APPLIC	ATION WAS MADE CUTIVE ORDER 12372
b. Applicant \$			PRO	CESS FOR RE	VIEW ON	COTIVE CINDER 12372
c. State \$,00	DAT	E: Septen	wer 15	ith, 2004
d. Local \$		·	b. No. IT PRO	GRAM IS NOT	COVERED B	Y E. O. 12372
e. Other In-Kind Volunteer	33	,422		PROGRAM HAS	NOT BEEN	SELECTED BY STATE
f. Program Income \$.00			QUENT ON A	NY FEDERAL DEBT?
g. TOTAL \$	73.	830.	Yes If "Yes"	attach an explar	ation.	IX No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	AUTHORIZED BY THE	GOVERNING BODY OF 1				
a. Authorized Representative Prefix	Eirot Nama		lM	liddle Name		
· war.K	THOM!	AS		uffix	UDREW	
Last Name ZINK						
		Way PRESTORATI		Telephone Nur	nper (give area	code)
d. Signature of Authorized Repre	sentative /	03/	e.	Date Signed	EP 202	7
Previous Edition Usable	n	O			Standa	ard Form 424 (Rev.9-2003) bed by OMB Circular A-102
Authorized for Local Reproduction			^	71 0		
i TO: Gra	ants Coordinat	ION FROM: JOSh	Corona-	Dennelloa	re: 7 / 15/1	

State clearing hous FAX #: (916) 323 - 3018

OMB Approval No.0348-0043

APPLICATION FOR	_			
FEDERAL ASSISTANCE	[, DAT	TE SUBMITTED	Applicant Identifior
1. TYPE OF SUBMISSION:		B. DAT	E RECEIVED BY STATE	Stalo Applicant Identifior
Application ☐ Construction	Preapplication	1 1207	E RECEIVED BY FEDERAL AGENCY	
Non-Construction	□ Non-Construction	t, DAI	E RECEIVED BY PEDERAL AGENCY	Foderal Identifior
5. APPLICANT INFORMATIO	N		7	110774
Logal Name: VALLEY ECONOMIC	DEVELOPMENT CENTER, INC	C	Organizational Unit:	VIII VIII VIII VIII VIII VIII VIII VII
Addross (give city, county, State 5121 VAN NUYS BLVI VAN NUYS, CA 91403 LOS ANGELES COUN U.S.A G. EMPLOYER IDENTIFICATI	D., 3RD FLOOR ITY		Name and telephone number of person to b (give area code) ROBERTO BARRAGAN TEL: 818-907-9977 Fax: (818) 907-9977 7. TYPE OF APPLICANT: (enter appropria	e contacted on matters involving this application roberto@vode.org
95-3139419)			N
8. TYPE OF APPLICATION: New Conti	tler(s) in box(es)		B. County !. C. Municipal J. D. Township K. E. Interslate L. F. Intomunicipal M. G. Special District N.	Independent School Dist. State Controlled Institution of Higher Learning Private University Indian Tribe Individual Prolit Organization Other (Specify) NON-PROFIT
A. Increase Award B. D. D. Decrease Duration Other	ecrease Award C. Increase Duratio	ń	E NAME OF STREET	con, Develop, Corp,
	i [apocity);		NAME OF FEDERAL AGENCY: Department of Health and Hum	an Services
TITLE; Comm. Serv.	. Blk. Grant- Public Markets	7 0	11. DESCRIPTION OF APPLICANT'S PRO Plaza del Valle/VEDC Public	
	OJECT (Cilies, Countles, Statos, etc) RNANDO VALLEY AREA OF ES			SEP 15 200
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS	OF:	,	07.
Start Date Ending Date	a. Applicant		b. Project	STATE CLEARING HO
Oct. 2004 Oct. 2006 15. ESTIMATED FUNDING:	28		27, 28	
THE DIVINITION OF THE PROPERTY			16, 16 APPLICANT SUBJECT TO REVIEW	BY STATE EXECUTIVE ORDER 12972 PROCESSO
a. Faderal	\$ 250,000.00		B. YES THIS PREAPPLICATION/AD	PLICATION WAS MADE AVAILABLE TO THE
b. Applicant	\$ 318,556.00		STATE EXECUTIVE ORDER	1 12372 PROCESS FOR REVIEW ON:
c. Slato			DATE - 01/15/2004	
d. Local		71111	DATE 9/15/2004 b. NO [] PROGRAM IS NOT COVERED BY E.C.	2 40279
o. Olhar	\$ 1,010,000.00		OR FROGRAM HAS NOT BEEN SELE	
Program Income	\$ -		17 IC THE ADDITION OF TOUR ON A	AN EFFERM A
g. TOTAL	\$ 1,578,556.00		17. IS THE APPLICANT DELIQUENT ON A	NY FEDERAL DEBT?
18. TO THE BEST OF MY KNO DULY AUTHORIZED BY TH ASSISTANCE IS AWARDE	IE COVERNING BOOK OF THE APP	N THIS A	APPLICATION/PREAPPLICATION ARE TRU AND THE APPLICANT WILL COMPLY WITH	E AND CORRECT, THE DOCUMENT HAS BEEN H THE ATTACHED ASSURANCES IF THE
 Type name of Authorized Re ROBERTO BARRAGA 		. Tille PRE	ESIDENT	c. Telephone Number 818-907-9977
d. Signature of Authorized Hop		·		e. Date signed 9/15/2004
				3/13/2004

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LVA	NO	916	201	1710
ΓHΛ	NO.	910	JZ4	1116

PPLICATION FOR EDERAL ASSISTANCE	=	2. DATE SUBMITTED		Applicant Ident	lfler
TYPE OF SUBMISSION:	-	September 14, 2004 3, DATE RECEIVED BY	STATE	State Applicati	on Identifier
pplication	Pre-application	4. DATE RECEIVED BY		Federal Identif	ler .
Construction	Construction	4. DATE RECEIVED BY	PEDELOGE AGENCY	(COLUMN)	
Non-Construction APPLICANT INFORMATION	☐ Non-Construction	.,,,	1		
gal Name:			Organizational Unit		
ate of California			Department: California Wildlife Co	nservation Board	(WCB)
ganizational DUNS:			Division:		
0B344	12629		Name and tolophon	number of ne	rson to be contacted on matters
dress:	- 16 E E		Involving this application	cation (give are	a code)
,			Prefix:	First Name: Scott	
07 13th Street, Suite 103	<u> </u>		(916) 445-1072 Middle Name	acon	
y: cramento	SEP	14.2004	1		
unty:			Last Name Clemons		
cramento ate:	Zin Cada A PP O I P	-ADINO HOLICE	Suffix:		
alifornia	958 STALL CLE	ARING HOUSE			
ountry: olted States of America	L		Email: sclemons@dfg.ca.g	ovv	
EMPLOYER IDENTIFICATI	ON NUMBER (EIN):		Phone Number (give	area code)	Fax Number (give area code)
			(916) 445-1072		(916) 323-0280
6 8 -0 2 9 6 9 6 TYPE OF APPLICATION:	1	,	7. TYPE OF APPLIC	ANT: (See bac	k of form for Application Types)
	ew 🔲 Continuation	on Revision	Α.		
Net Revision, enter appropriate le	tter(s) in box(es)	DIT ILLIANOICI	;		
e back of form for description	n of letters.)		Other (specify)		
her (specify)	<u>.</u>		9. NAME OF FEDER National Marine Fish	ierias Service (N	IOAA Fisheries)Dept. of Commerc
. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIVE	TITLE OF APPL	ICANT'S PROJECT:
B. ONINECT OF TEDERAM			Russian River Wate	rshed Riparian I	labitat Restoration
		1 1-4 6 3			
ITLE (Name of Program): community-based Nabitat Rea	storation Project Grants				
2. AREAS AFFECTED BY P	ROJECT (Cities, Countie	es, States, etc.):			
lendocino and Sonoma Cour	nlies, California				
3. PROPOSED PROJECT			14, CONGRESSION	IAL DISTRICTS	OF:
tart Date:	Ending Date:		a. Applicant California 5th Distric	t.	California 1st, 6th
3/01/05	12/31/08		16. IS APPLICATIO	N SUBJECT TO	REVIEW BY STATE EXECUTIV
5. ESTIMATED FUNDING:			しゅうにゅ イクタフタ ロアハ	CESS?	
. Federal	\$	250,000	a. Yes. Z THIS P	REAPPLICATIO .RI F TO THE ST	N/APPLICATION WAS MADE FATE EXECUTIVE ORDER 12372
Amelinable	\$			SS FOR REVIE	WON
. Applicant	*	1,139,600	DATE:		1
, State	\$				
. Local	\$	800 400 °	b. No. III PROGE	RAM IS NOT CO	VERED BY E. O. 12372
		899,400		OGRAM HAS N	OT BEEN SELECTED BY STATE
. Other	\$	•			
Program Income	\$	1.0	17. IS THE APPLIC	ANT DELINQUI	ENT ON ANY FEDERAL DEBT?
, TOTAL	\$	2,289,000	Yes if "Yes" atta	ich an explanatio	oπ. ☑ No
	IOW EDGE AND BEI IE		PPLICATION/PREAPP	LICATION ARE	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
8. TO THE BEST OF MY KI OCUMENT HAS BEEN DUL TTACHED ASSURANCES I	Y AUTHORIZED BY IM	IE GOAEKIAIUG BODI AI	THE APPLICANT AN	ID THE APPLIC	ANT WILL COMPLY WITH THE
 Authorized Representative 		70000	Midd	ile Name	
refix	First Name Al	f////www	tis		· · · · · · · · · · · · · · · · · · ·
ast Name Vright	A53.	r. Overtor	Suff		er (give area code) (ps//) W45
. Title			jc. Tr 1/91/	elephone Numbe 8) 445-8448	er (give area code) (916) 445
Executive Director Signature of Authorized Re	nresentative /	1/1/11/10 -		ate Signed	6/14/114
i. sifficients of Marifolices No	1/2	1 11100			Standard Form 424 (Rev.9-20
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APPLICATION FOR							Version 7/03
FEDERAL ASSISTANCE	•	2. DATE SUBMITTED 9	-14-04		Applicant Ider	ntifier	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE		State Applicat	tion identifier	
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGEN	CY	Federal Ident	fier	
Non-Construction	Non-Construction				NT		43-1-1-1/1/7
6. APPLICANT INFORMATION							
Legal Name:	med Between	ARATSER LATION	Organizational	Unit:			•
1		DISTRICT	1				
Organizational DUNS: 141	154174		Division:				
Address:			Name and teler involving this s	phone	number of po	erson to be co	ntacted on matters
Street:	JAAN ALLE		Prefix:		First Name:	Days /	
405 So. ORC	HALD HUE		Middle Name	 _		HITY	
County: 12			l and Name	٧.			
MINDOGINO	Commence of the second		///	+	16AN		
State: CA	Zlp Code 9548	2 4 V [5]	Suffix: OR	1			, EX. DIR.
Country: USA	Walter Committee	declaración de la companya de la com	· · · · · · · · · · · · · · · · · · ·		@me	n.org	
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):	1 / 0004	Phone Number	give en	es code)	Fax Number	(give area code)
68-006020	a SÉP	1 4 2004					8-5278
8. TYPE OF APPLICATION:			7. TYPE OF AP				pplication Types)
Revision, enter appropriate let	w Continuatio	n Revision		G	- SA	erial I	detect
(See back of form for description	of letters.)	PRING HUUSE	Other (specify)				
Other (epecify)			9. NAME OF FE	DERA	L AGENCY:	4144	·
	DOLLEGE LOCALITY	TO THE LEGISLAND CONTRACTOR OF THE LAND CONTR	11, DESCRIPTI		I F OF A DOL		+ HSHERIES
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANT		TI, DESCRIPTI		LE OF APPL	IUANI S FITO	DEOI:
TITLE (A)			UPPER	PA	Were	A CRE	EEK
TITLE (Name of Program):	YABITAT CON	SERVATION	UPPER. RIPAR		1 ~ 14	202	- T
12. AREAS AFFECTED BY PF			KIPM			2001	
MELOCENO Ca	UNTY - AUDER	SON VALUEY				7,000	
13. PROPOSED PROJECT	l'Endina Data:		a. Applicant		***********	D. Project	1 +
Start Date: 1.05	Ending Date: 7- 31-	07		1	37		157
15. ESTIMATED FUNDING:	The state of the s						STATE EXECUTIVE
a. Federal \$	771	607.	THI	8 PRE	APPLICATIO	NAPPLICATIO	N WAS MADE
b. Applicant \$		687			LE TO THE ST S FOR REVIE		IVE ORDER 12372
		7,480	1	1			
c. State 5	07;	9,007	J DA]E:	7-14-6	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
d, Local		0 "	b. No. DPR	1			
e, Other Landowner	35	,246 "	l □ FOI	R REVI	IFW		ECTED BY STATE
f. Program Income \$,246	17. IS THE APP	LICAN	NT DELINQUE	ENT ON ANY F	EDERAL DEBT?
g. TOTAL \$, 693	Yes If "Yes"	attach	an explanatio	n.	X No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	WI FORE AND BELLE	ALL DATA IN THIS APP	LICATION/PREA	PPLIC	CATION ARE	TRUE AND CO	ORRECT, THE
ATTACHED ASSURANCES IF	THE ASSISTANCE IS A	WARDED.	THE ATTERDARY	7112	THE ATTER		
a Authorized Representative	YE:			Malaka	Nama		
Prefix MS	First Name	57		Viddle	IABIII¢		
Last Name OLAVE	3			Suffix			
b. Title EXECUTY		TOR		Tele	hone Numbe	(give pres gode	<u> </u>
d. Signature of Authorized Repr			=======================================		Signed //	124	
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APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE	<u> </u>	2. DATE SUBMITTED 9/14/04		Applicant Iden 1664	tifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	on Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	ier .
Non-Construction	Non-Construction			CA-90-Y118-0	91
5. APPLICANT INFORMATION			A contractional Half		
Legal Name:			Organizational Unit		
City of Santa Monica			Department: Big Blue Bus (Transit	l Services)	
Organizational DUNS: 833665896	Birth controls.		Division:		
Address:		TWE FA	Name and telephon involving this application	e number of pe	rson to be contacted on matters
Street: 612 Colorado			Prefix:	First Name:	a coud)
City:	SEP 1	4 2004	Ms Middle Name	Marianne	Eq. (m.)
Santa Monica County:	LILI OLI I	7 2004	H. Last Name Kim		
Los Angeles State:	Zip Code	211172 1172 1 172 1	Suffix:		1
State: CA Country:	90401		Emáil:		
	· · · · · · · · · · · · · · · · · · ·		marianne-kim@sant		Cau Aliyahan (aliya ana anda)
6. EMPLOYER IDENTIFICATION			Phone Number (give	area code)	Fax Number (give area code)
95-8000790			310-458-2296	ANT: (Con hor	310-581-7925 k of form for Application Types)
8. TYPE OF APPLICATION:	w 🖺 Continuatio	on 🔽 Revision	1	ANT: (See Dad	қ фітфіпптос Аррікалып туразі
If Revision, enter appropriate le	tter(s) in box(es)	M M Kension	Municipality (C)		
(See back of form for description	n of letters.)	B	Other (specify)		
Other (specify)			9. NAME OF FEDER Federal Transit Adm	inistration	·
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIVE T		
TITLE (Name of Program)		20-500	combination of Sect	ion 5307 and Co	ius requests \$25,5 million from a ingestion Mitigation Air Quality
TITLE (Name of Program): Federal Transit - Capital Invest			LNG fueled replacer	venty-two (22) L ment buses, an /	NG expansion buses, forty-two (42) Advanced Traveler Management
12. AREAS AFFECTED BY PI			System (ATMS), and	d a new regional	fare collection system.
City of Santa Monica, Culver C	ity, West Los Angeles ar	nd Downtown Los Angeles		AL BIATRIATA	0.5
13. PROPOSED PROJECT Start Date:	Ending Date:		44. CONGRESSION a. Applicant	IAL DISTRICTS	OF: b. Project
	Ending Pator		City of Santa Monica		CA-90-Y118-01
15. ESTIMATED FUNDING:			ORDER 12372 PRO	CESS?	REVIEW BY STATE EXECUTIVE
a. Federal	3	25,525,857 [°]	THIS PE	REAPPLICATION	NAPPLICATION WAS MADE TATE EXECUTIVE ORDER 12372
b. Applicant		7,380,323	PROCE	SS FOR REVIE	WON
c. State		0	DATE: 9	9/14/04	
d. Local 5		0	b. No. 🖂 PROGR	AM IS NOT CO	/ERED BY E. O. 12372
e. Other		O ,	OR PRO		T BEEN SELECTED BY STATE
f. Program Income		O .	17, IS THE APPLICA	ANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL		32,906,180	Yes if "Yes" attec	ch an explanatio	n. 🗷 No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	F, ALL DATA IN THIS AP GOVERNING BODY OF			
a. Authorized Representative	First Name		Midal	e Name	
Prefix Ms Last Name	First Name Stephanle		Suffix		
Negriff b. Title	4			aphone Number	(rive area code)
Director, Big Blue Bus d. Signature of Authorized Repr	apertiativa		310-4	458-1975 te Signed	(9/10 8/00 0005)
- A SUCCESSION AND LANGE HELD	- CONTRACTOR	_	J∉, ∪a	weighted A	113/04

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Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMIT	ITED 14	24	Applicant Id	entifier
1. TYPE OF SUBMISSION:		3. DATE RECEIV	PED BY STATE	UT	State Applic	cation Identifier
Application	Pre-application	4. DATE RECEIV	ED BY FEDER	L AGEN	Y Federal Ide	ntifier
☐ Construction Mon-Construction	☐ Construction ☐ Non-Construction					
5. APPLICANT INFORMATION			Organi	zational L	init:	
Legal Nama:	UTY RESOURCE	CENSERVA	Departr	nent:		
•		DISTRIC	Division			
Organizational DUNS: 141	127/14		tiama	and taleni	one number of	person to be contacted on matters
Addrese: Street:			invoivi	ng this at	phication (dive a	area code)
405 So. ORC.	HARD AUE		Prefix:	MS	First Name	PAHY
City: UKI AH		TO E G	Middle	Name	7	
County: Mexocarse	,	W	Last No	ame ///	9016AN	1 115 115 415 415
State:	Zip Code 9548		Suffix:	OR	Vanet	DIAVE, EX. DIR.
Country: // /	73 / 8	SEP	Email:	(ade me	
6. EMPLOYER IDENTIFICATION	ON NUMBER (FIN):		Phone		rive area code)	Fax Number (give area code)
ì		Not take V rates have Just 1			-9223	707-468-5278
8-000000 8. TYPE OF APPLICATION:	1	S D Im CI				ack of form for Application Types)
3	w 🗌 Continuatio	n 🗌 Revisio		1		PECIAL DISTRICT
if Revision, enter appropriate let (See back of form for description	tter(a) in box(ea) n of lettera.)	Π .	Other (s	i	- .	
Other (specify)	U	/ســا		į	DERAL AGENC	NOAA HSHERIES
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	CE NUMBER;	11. DE	SCRIPTIV	E TITLE OF AP	PLICANT'S PROJECT:
TITLE (Name of Program):	HABITAT COL	11-96	3 Up	DER	PANCHE	LIA CREEK
12. AREAS AFFECTED BY PI			2	PAR	AN EN	HANCEMENT
MENDOCINO CO	, ,		pr./			PROSECT
13. PROPOSED PROJECT				NGRESS	IONAL DISTRIC	rs of:
13. PROPOSED PROJECT	Ending Date:				ONAL DISTRIC	rs OF: b. Project /37
13. PROPOSED PROJECT	Ending Date:	07	14. CO a. App 16. IS	licant APPLICA	/ST	b. Project /37 TO REVIEW BY STATE EXECUTIVE
13. PROPOSED PROJECT Start Date: 1-05	Ending Date:	07	14. CO a. App 16. IS	APPLICATE 12372 P	/ST TION SUBJECT ROCESS? PREAPPLICAT	b. Project TO REVIEW BY STATE EXECUTIVE ION/APPLICATION WAS MADE
13. PROPOSED PROJECT Start Date: 7-05 15. ESTIMATED FUNDING:	Ending Date:		14. CO a. App 16. IS	APPLICATE THIS AVA	/ST TION SUBJECT ROCESS? PREAPPLICAT	b. Project TO REVIEW BY STATE EXECUTIVE ON/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372
13. PROPOSED PROJECT Start Date: J - O 5 16. ESTIMATED FUNDING: a. Federal	Ending Date: 31-	07 687 7,480 °°	14. CO a. App 16. IS	APPLICA 12372 P THIS AVA PRO	/ ST FION SUBJECT ROCESS? PREAPPLICAT ILABLE TO THE	b. Project TO REVIEW BY STATE EXECUTIVE ION/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372 IEW ON
13. PROPOSED PROJECT Start Date: J - 0 5 16. ESTIMATED FUNDING: a. Federal \$ b. Applicant \$	Ending Date:	07 687 7,480	14. CO a. Appl 16. IS ORDER	APPLICA 12372 P THIS AVA PRO DAT	IN SUBJECT FROCESSES PREAPPLICAT ILABLE TO THE CESS FOR REV E: 9-14-	b. Project TO REVIEW BY STATE EXECUTIVE ION/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372 IEW ON
13. PROPOSED PROJECT Start Date: 7 0 5 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local	Ending Date: 31-	07 687 7,480 °°	14. CO a. App 16. IS	APPLICA 12372 P 12372 P AVA PRO DAT	/ST FION SUBJECT ROCESS? B PREAPPLICAT BLABLE TO THE CESS FOR REV E: 9-14- GRAM IS NOT C	b. Project TO REVIEW BY STATE EXECUTIVE TON/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372 TEW ON TOVERED BY E. O. 12372
13. PROPOSED PROJECT Start Date: 1-05 16. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other Landowner	Ending Date: 31-	07 687 7,480 °°	14. CO a. Appi 16. IS ORDER a. Yes.	APPLICA 12372 P 12372 P AVA PRO DAT	FREAPPLICAT ILABLE TO THE CESS FOR REV GRAM IS NOT CO PROGRAM HAS REVIEW	b. Project TO REVIEW BY STATE EXECUTIVE ION/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372 IEW ON COVERED BY E. O. 12372 NOT BEEN SELECTED BY STATE
13. PROPOSED PROJECT Start Date: 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local c. Other Landowner f. Program Income	Ending Date: 31-	687 7,480 9,007 0 ,246	14. CO a. Appi 16. IS ORDER a. Yes.	APPLICA 12372 P 12372 P AVA PRO DAT	FREAPPLICAT ILABLE TO THE CESS FOR REV GRAM IS NOT CO PROGRAM HAS REVIEW	b. Project TO REVIEW BY STATE EXECUTIVE ION/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372 IEW ON OVERED BY E. O. 12372 NOT BEEN SELECTED BY STATE UENT ON ANY FEDERAL DEBT7
13. PROPOSED PROJECT Start Date: 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other Landowner f. Program Income g. TOTAL	Ending Date: 31-31-31-35	687° 7,480° 7,007° 0° ,246° 0°	14. CO a. Appl 16. IS ORIOEI a. Yes. b. No.	APPLICAT A12372 P AVA PRO DAT PRO OR F FOR THE APP	FIGURE STATE OF THE CESS FOR REVIEW LICANT DELING INTERPRETATION OF THE CESS FOR REVIEW LICANT DELING Ittach an explana	b. Project TO REVIEW BY STATE EXECUTIVE ON/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372 IEW ON OVERED BY E. O. 12372 NOT BEEN SELECTED BY STATE UENT ON ANY FEDERAL DEBT? tion.
13. PROPOSED PROJECT Start Date: 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other Landowner f. Program Income g. TOTAL 18. TO THE BEST OF MY KNODOCUMENT HAS BEEN DULY	Ending Date: 71, 31-	687 7,480 3,007 0 ,246 0 7,693	14. CO a. Appl 16. IS ORDER a. Yes. b. No. 17. IS	APPLICA APPLIC	ITON SUBJECT ROCESS? PREAPPLICAT BLABLE TO THE CESS FOR REV E: 9-14- GRAM IS NOT CO PROGRAM HAS REVIEW LICANT DELING	b. Project TO REVIEW BY STATE EXECUTIVE ION/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372 IEW ON OVERED BY E. O. 12372 NOT BEEN SELECTED BY STATE UENT ON ANY FEDERAL DEBT7
13. PROPOSED PROJECT Start Date: 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other Landowner f. Program Income g. TOTAL 18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF a. Authorized Representative Prefix	Ending Date: 7/, 7/, 3/- 7/, 3/- 2/, 35 0/4/ OWLEDGE AND BELIEF ALTHORIZED BY THE THE ASSISTANCE IS A	687 7,480 3,007 0 ,246 0 7,693	14. CO a. Appl 16. IS ORDER a. Yes. b. No. 17. IS	APPLICAT A12372 P AVA PRO DAT PRO OR FOR THE APP	IN SUBJECT ROCESS? RREAPPLICAT RABLE TO THE CESS FOR REV E: 9-14- GRAM IS NOT C PROGRAM HAS REVIEW LICANT DELINO Uttach an explana PPLICATION AR AND THE APPLI	b. Project TO REVIEW BY STATE EXECUTIVE ION/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372 IEW ON OVERED BY E. O. 12372 NOT BEEN SELECTED BY STATE UENT ON ANY FEDERAL DEBT? tion. A No SET TRUE AND CORRECT. THE
13. PROPOSED PROJECT Start Date: 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local c. Other Landowner f. Program Income g. TOTAL 18. TO THE BEST OF MY KNODOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF a. Authorized Representative Prefix	Ending Date: 71, 31-	687 7,480 3,007 0 ,246 0 7,693	14. CO a. Appl 16. IS ORDER a. Yes. b. No. 17. IS	APPLICAN APPLICAN APPLICAN AVA PRO DAT PRO PRO OR FOR THE APPL S If "Yes" ON/PREA PLICANT	ITON SUBJECT ROCESS? PREAPPLICAT PREAPPLICAT PREAPPLICAT PREAPPLICAT PROGRAM IS NOT CO PROGRAM HAS REVIEW LICANT DELING AUTHOR APPLICATION AR AND THE APPLICATION AR AND THE APPLICATION AR	b. Project TO REVIEW BY STATE EXECUTIVE ION/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372 IEW ON OVERED BY E. O. 12372 NOT BEEN SELECTED BY STATE UENT ON ANY FEDERAL DEBT? tion. A No SET TRUE AND CORRECT. THE
13. PROPOSED PROJECT Start Date: 7. 05 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other Landowner f. Program Income g. TOTAL 18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULLY ATTACHED ASSURANCES IF B. Authorized Representative Prefix Prefix NS Lest Name OLAVE	Ending Date: 7/, 7/, 3/- 35 WLEDGE AND BELIEF AUTHORIZED BY THE THE ASSISTANCE IS A	687 7,480 3,007 0 ,246 0 7,693	14. CO a. Appl 16. IS ORDER a. Yes. b. No. 17. IS	APPLICA A12372 P AVA PRO DAT PRO OR FOR THE APP B If "Yes" M	IN SUBJECT ROCESS? PREAPPLICAT PREAPPLICAT PREAPPLICAT PREAPPLICAT FROM IS NOT CO PROGRAM HAS REVIEW LICANT DELINO CONTROL OF THE PROGRAM	b. Project TO REVIEW BY STATE EXECUTIVE ION/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372 IEW ON OUT OVERED BY E. O. 12372 NOT BEEN SELECTED BY STATE UENT ON ANY FEDERAL DEBT? ION. NO IE TRUE AND CORRECT. THE ICANT WILL COMPLY WITH THE
13. PROPOSED PROJECT Start Date: 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other Landowner f. Program Income g. TOTAL 18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULLY ATTACHED ASSURANCES IF a. Authorized Representative Prefix Lest Name D. Title CARCELLTY	Ending Date: 71, 71, 71, 71, 71, 71, 71, 71, 71, 71,	687 7,480 9,007 0 ,246 0 7,693	14. CO a. Appl 16. IS ORDER a. Yes. b. No. 17. IS	APPLICA A12372 P AVA PRO DAT PRO OR FOR THE APP B If "Yes" M	THON SUBJECT ROCESS? PREAPPLICAT BLABLE TO THE CESS FOR REV E: 9-14- GRAM IS NOT CO PROGRAM HAS REVIEW LICANT DELING Attach an explana PPLICATION AR AND THE APPLICATION AR AND THE APPLICATION AR AND THE APPLICATION AR AND THE APPLICATION AR Telephone Numi	b. Project TO REVIEW BY STATE EXECUTIVE ION/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372 IEW ON OVERED BY E. O. 12372 NOT BEEN SELECTED BY STATE UENT ON ANY FEDERAL DEBT? tion. A No SET TRUE AND CORRECT. THE
13. PROPOSED PROJECT Start Date: 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other Landowner f. Program Income g. TOTAL 18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF a. Authorized Representative Prefix Last Name CLAVE	Ending Date: 71, 71, 71, 71, 71, 71, 71, 71, 71, 71,	687 7,480 9,007 0 ,246 0 7,693	14. CO a. Appl 16. IS ORDER a. Yes. b. No. 17. IS	APPLICA A12372 P AVA PRO DAT PRO OR FOR THE APP B If "Yes" M	THON SUBJECT ROCESS? PREAPPLICAT BLABLE TO THE CESS FOR REV E: 9-14- GRAM IS NOT CO PROGRAM HAS REVIEW LICANT DELING Attach an explana PPLICATION AR AND THE APPLICATION AR AND THE APPLICATION AR AND THE APPLICATION AR AND THE APPLICATION AR Telephone Numi	b. Project TO REVIEW BY STATE EXECUTIVE ION/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372 IEW ON OVERED BY E. O. 12372 NOT BEEN SELECTED BY STATE UENT ON ANY FEDERAL DEBT? ION TO NO THE TRUE AND CORRECT. THE ICANT WILL COMPLY WITH THE TABLE (give stee code)
13. PROPOSED PROJECT Start Date: 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local c. Other Landowner f. Program Income g. TOTAL 16. TO THE BEST OF MY KNODOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF a. Authorized Representative Prefix D. Title D. Title C. CLATT d. Signature of Authorized Representative Previous Estition Usable	Ending Date: 71, 71, 71, 71, 71, 71, 71, 71, 71, 71,	687 7,480 7,007 0 ,246 0 7,643 7, ALL DATA IN TI GOVERNING BO WARDED.	14. CO a. Appl 16. IS ORDER a. Yes. b. No. 17. IS	APPLICA A12372 P AVA PRO DAT PRO OR FOR THE APP B If "Yes" M	FIGURE AND THE APPLICATION AFFAND THE APPLICA	b. Project TO REVIEW BY STATE EXECUTIVE ION/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372 IEW ON OVERED BY E. O. 12372 NOT BEEN SELECTED BY STATE UENT ON ANY FEDERAL DEBT? ION TO NO THE TRUE AND CORRECT. THE ICANT WILL COMPLY WITH THE
13. PROPOSED PROJECT Start Date: 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local c. Other Landowner f. Program Income g. TOTAL 16. TO THE BEST OF MY KNODOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF a. Authorized Representative Prefix D. Title D. Title C. CLATT d. Signature of Authorized Representative Previous Estition Usable	Ending Date: 7-31- 71, 25 WLEDGE AND BELIEF AUTHORIZED BY THE THE ASSISTANCE IS A First Name August 1966 August 1	687 7,480 7,007 0 ,246 0 ,246 0 ,493 T, ALL DATA IN TI GOVERNING BO WARDED.	b. No.	APPLICA A12372 P AVA PRO DAT PRO OR FOR THE APP B If "Yes" M	FIGURE STATE OF THE APPLICATION AFFAND THE AP	b. Project TO REVIEW BY STATE EXECUTIVE ION/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372 IEW ON OVERED BY E. O. 12372 NOT BEEN SELECTED BY STATE UENT ON ANY FEDERAL DEBT? ION STATE OPERATOR OF THE CONTROL
13. PROPOSED PROJECT Start Date: 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other Landowner f. Program Income g. TOTAL 18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF a. Authorized Representative Prefix D. Title D. Title C. CLUTT d. Signature of Authorized Representative Previous Estition Usable Authorized for Local Repro	Ending Date: 7-31-71, 71, 71, 71, 71, 71, 71, 71, 71, 71,	687 7,480 7,007 0 ,246 0 ,246 0 ,493 T, ALL DATA IN TI GOVERNING BO WARDED.	b. No.	APPLICAN APPLICAN APPLICAN AVA PRO DAT PRO OR FOR THE APP S If "Yes" ON/PREA PLICANT M S O E	FIGURE STATE OF THE APPLICATION AFFAND THE AP	b. Project TO REVIEW BY STATE EXECUTIVE ION/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372 IEW ON OVERED BY E. O. 12372 NOT BEEN SELECTED BY STATE UENT ON ANY FEDERAL DEBT? ION STATE OPERATOR OF THE CONTROL
13. PROPOSED PROJECT Start Date: 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local c. Other Landowner f. Program Income g. TOTAL 18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULLY ATTACHED ASSURANCES IF a. Authorized Representative Prefix Lest Name D. Lave b. Title C. CLUTT d. Signature of Authorized Representative Previous Edition Usable Authorized for Local Representative Previous Edition Usable Authorized for Local Representative Previous Edition Usable Authorized for Local Representative Previous Edition Usable	Ending Date: 7-31- 71, 25 WLEDGE AND BELIEF AUTHORIZED BY THE THE ASSISTANCE IS A First Name PARTITIONAL FORM 99 (7-90) FAX TRA	687 7,480 7,007 0 ,246 0 ,246 0 ,493 T, ALL DATA IN TI GOVERNING BO WARDED.	14. CO a. Appl 16. IS ORDER a. Yes. b. No. 17. IS UPS APPLICATION OF THE APPLICATION OF T	APPLICAN APPLICAN APPLICAN AVA PRO DAT PRO OR FOR THE APP S If "Yes" ON/PREA PLICANT M S O E	FIGURE STATE OF THE APPLICATION AFFAND THE AP	b. Project TO REVIEW BY STATE EXECUTIVE ION/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372 IEW ON OVERED BY E. O. 12372 NOT BEEN SELECTED BY STATE UENT ON ANY FEDERAL DEBT? ION STATE OPERATOR OF THE CONTROL
13. PROPOSED PROJECT Start Date: 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local c. Other Landowner f. Program Income g. TOTAL 18. TO THE BEST OF MY KNODOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF a. Authorized Representative Prefix D. Title D. Title D. Title D. Title D. Title D. Authorized Representative Previous Edition Usable Authorized for Local Representative Authorized for Local Representative Previous Edition Usable Authorized for Local Representative	Ending Date: 7-31- 71, 25 25 25 25 26 27 27 27 27 27 27 27 27 27 27 27 27 27	687 7,480 7,007 0 ,246 0 ,246 0 ,493 T, ALL DATA IN TI GOVERNING BO WARDED.	14. CO a. Appl 16. IS ORDEF a. Yes. b. No. 17. IS Yes. HIS APPLICATION OF THE API	APPLICAN APPLICAN APPLICAN AVA PRO DAT PRO OR FOR THE APP S If "Yes" ON/PREA PLICANT M S O E	FIGURE STATE OF THE APPLICATION AFFAND THE AP	b. Project TO REVIEW BY STATE EXECUTIVE ION/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372 IEW ON OVERED BY E. O. 12372 NOT BEEN SELECTED BY STATE UENT ON ANY FEDERAL DEBT? ION STATE OPERATOR OF THE CONTROL

APPLICATIO	N EOR			Z. DATE SUBMITTED	Applicant Identifier			
FEDERAL AS	SSISTANCE							
				3. DATE RECEIVED BY STATE	State Application Identifier			
1. TYPE OF SUBMISSIC	N			3. DATE RECEIVED BY STATE	San Adhresson in Clarife			
Application		Preapplication			F / 11c			
D Construction Non-Construction		D Constructi Non-Cons		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier			
5. APPLICANT INFORM	1ATION	Dun	& Bradstreet Ac	ct No. 078781416				
Legal Name: Bay Ar	rea Air Qual	ity Man	agement District	Organizational Unit:				
	, state, and zip code): llis Street rancisco, CA	94109		Name and telephone number of the person to be conta application (give area code) Peter Hess, &/or Ronald Raimondi, Finan	DAPCO (415) 749-497			
6. EMPLOYER IDENTIFE 94 - 1 6	FICATION (EIN): 5_2_2_7_4_6			C. Municipal J. Private Univ D. Township K. Indian Tribe	School District led Institution of Higher Learning emity			
8. TYPE OF APPLICATION: XENew D Continuation D Revision If Revision, enter appropriate letter(s) in box(es): D D A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration				E. Interestate L. Individual F. Intermedicipal M. Profit Organization G. Special District N. Other (Specify):				
Other Specify:				9. NAME OF FEDERAL AGENCY: Environmental Protection	Agency			
10. CATALOG OF FEDE DOMESTIC ASSISTA	ERAL INCE NUMBER: _6(50_0_1		11. DESCRIPTIVE TITLE OF APPLICANT'S PRO Air Pollution 105 Grant				
me Ai	r Pollution	Program	ı	Basic Grant \$ 1	,300,563			
12. AREAS AFFECTED Contra Costa, San Mateo, Sa	Marin, Napa	, San F	rancisco,	CAPCOA Pass-thru Total Allocation \$ 3				
13. PROPOSED PROJEC	T:	14. CONGR	ESSIONAL DISTRICT OF:					
Start Date	End Date	a. Applicant	Ľ		b. Project			
10/1/04	9/30/05		02		04-13			
15. Estimated Funding:				16. IS APPLICATION SUBJECT TO REVIE 12372 PROCESS?	EW BY STATE EXECUTIVE ORDER			
e. Foderal .		\$	1,597,715	YES. THIS PREAPPLICATION/APPLI	CATION WAS MADE AVAILABLE			
b. Applicant	-SEW	dn l	20,589,985	TO THE STATE EXECUTIVE ORDER ON:				
c. State	YECEIN	5	1,863,870	DATE				
d. Local	SEP 10	2904	15,915,175	b. NO.				
e. Other		S	1,228,400	 PROGRAM IS NOT COVERED BY I OR PROGRAM HAS NOT BEEN SE 				
f. Program Income	STATE CLEARIN	3		17. IS THE APPLICANT DELINQUENT ON ANY	FEDERAL DEBT7			
g. TOTAL		2	41,195,145 .00	O Yes If "Yes" attach an explanation.	XX No			
BEEN DULY				PLICATION/PREAPPLICATION ARE TRUE AND CO IT AND THE APPLICANT WILL COMPLY WITH TH				
a. Typed Name of Author	rized Representative.	G		b. True: Deputy Air Pollution Control Officer	.c. Telephone Number(415) 749-4971			
	I C C C L AND M			FOTTUCTON CONCLOS OFFICE	1 ,			

d. Signature of Authoriz

Standard Form 474A (REV 4-18)

9/7/04

e. Date Signed

ADDITICATION FOR DE		OMB Appr	oval No. 0348-0043
APPLICATION FOR FI	EDERAL ASSISTANCE	:	Applicant Identifier
1. Type of Submission:			State Application Identifier
Application P	reapplication	Revised	State Application Identifier
Construction	Construction	Lev Uses	Federal Identifier
_X Nonconstruction	Nonconstruction W		_
Applicant Information:		Organizational Unit:	
Legal Name and Address:	SEP - 9 2004	Division of Financial Assistance	
(give city, county, state, and z	ap code)	Name and telephone of person to be co	ontacted on matters
	sources Control Board	involving this application (give area co	ode):
Sacramento, Ca	acramento County Iifornia 95814 LEARING HO	Wayne Pierson (916) 341-5755	
6. Employer Identification N	umber (EIN): 680281986	7. Type of Applicant: (enter appropria	ite letter) A
	,	A. State H. Indepe	ndent School District
6. DUNS Number: 8083	21913		stitute of Higher Learning
8. Type of Application:		C. Municipal J. Private	
X New Revision	Continuation	D. Township K. Indian	-
If Revision, enter appropriate		E. Interstate L. Individ	ual
A. Increase Award	B. Decrease Award	F. Intermunicipal M. Profit of	Organization
C. Increase Duration Other (specify)	D. Decrease Duration	G. Special District N. Other (
		9. Name of Federal Agency:	
 Catalog of Federal Domes 66.458 	stic Assistance Number	U. S. Environmental Prof	tection Agency
Title: Capitalization G	rants for State Revolving Funds	11. Descriptive Title of Applicant's Pro	oject:
		To achieve statewide compliance with v	water quality objectives
Area Affected by Project:			water quarry objectives.
(cities, counties, states, etc.)			
California			•
13. Proposed Project:			
Start Date	End Date	14. Congressional District of:	
7/1/2004	6/30/2014	Applicant: Project:	
15 ECTIMATED ELIMINATE		3 California -	- All
15. ESTIMATED FUNDING	•	16. Is the application subject to review	by the State
a. Federal	#04.702.007	Executive Order (EO) 12372 process?	
b. Applicant	\$94,783,887	a. YES: X_ This application/p	reapplication was made
c. State	\$0 \$10,148,260	available to the State EO	12372 process for
d. Local	\$19,148,260 \$0	review on:	
e. Other	\$0		tember 8, 2004
f. Program Income	\$0		vered by EO # 12372
i i ogram moome	30		een selected by the
g. TOTAL	\$113,932,147	state for review.	2.1.1.1.0
5. 10 11.1 2	3113,732,147	17. Is the applicant delinquent on any F YES, attach explanation	federal debt?XNO
18. TO THE BEST OF MY K	NOWLEDGE AND BELIEF, ALL I	PATA IN THIS APPLICATION/PREAPP	LICATION ARE
TRUE AND CORRECT, THE	DOCUMENT HAS BEEN DULY A	UTHORIZED BY THE GOVERNING B	OARD OF THE
APPLICANT, AND THE APP S AWARDED.	LICANT WILL COMPLY WITH TI	HE ATTACHED ASSURANCES IF THE	ASSISTANCE
a. Typed Name of Authorized	Representative	b. Title:	c. Telephone Number
Celeste Cantú		Executive Director	(916) 341-5615
			, , , , , , , , , , , , , , , , , , , ,
d. Signature of Authorized Rep	presentative		e. Date Signed:
Previous Editions Not Usable	ALITUODIZED DOD L		

APPLICATION FOR FEDERAL ASSISTANCE	=	2. DATE SUBMITTED		Applicant Ider	ntifier Version 7/0.
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	tion Identifier
☐ Construction ☐ Non-Construction	Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	fier
 APPLICANT INFORMATION Legal Name: 	1		Organizational Unit:		
County of San Luis Obispo, a n	nunicipal corporation		Department:		
Organizational DUNS:			General Services Division:		
92 720 9783 Address:			County Fire	number of ne	erson to be contacted on matters
Street:			involving this applic	ation (give are	
1087 Santa Rosa Street			Prefix: Mr.	First Name: Steven	
City: San Luis Obispo			Middle Name		
County:			Last Name		
San Luis Obispo State:	Zip Code		Neer Suffix:	· · · · · · · · · · · · · · · · · · ·	The state of the s
CA	93408				
Country: US			Email: sneer@co.slo.ca.us		
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (give a	area code)	Fax Number (give area code)
95-6000939		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	805-781-5168		805-781-5215
8. TYPE OF APPLICATION:	874 ^m h -	\$foods	7. TYPE OF APPLIC	ANT: (See bac	k of form for Application Types)
Nevision, enter appropriate let	ter(s) in box(es)	n Revision	B-County		
See back of form for description	n of letters.) ` ´		Other (specify)		
Other (specify)			9. NAME OF FEDER Department of Agricu		
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE T	TLE OF APPL	ICANT'S PROJECT:
TITLE (Name of Program): Community Facilities Guarante 12. AREAS AFFECTED BY PF		1 0 - 7 6 6 s, States, etc.):	provide temporary er	nergency shelte	or protection of north county areas, er & command post serving eastern nergency medical response and
Cty of SLO, New Cuyama, Cari	•	•			
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS	OF:
Start Date: 9/13/2004	Ending Date:	1/2005	a. Applicant 22nd and 23rd		b. Project 22nd & 23rd
15. ESTIMATED FUNDING:					REVIEW BY STATE EXECUTIVE
a. Federal \$	y-p	488,145	THIS PR	EAPPLICATION	N/APPLICATION WAS MADE
b. Applicant \$		00	AVAILAE	SS FOR REVIE	ATE EXECUTIVE ORDER 12372 W ON
c. State \$		00	DATE: w	vith this prelimin	nary application
			PROCE	•	
d. Local \$		492,767	D. NO.		VERED BY E. O. 12372
e. Other \$	**************************************	.00	OR PRO		OT BEEN SELECTED BY STATE
f. Program Income \$	7000	.00	····		NT ON ANY FEDERAL DEBT?
g. TOTAL \$		980,910 ·	Yes If "Yes" attac		
ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PREAPPL THE APPLICANT AND	CATION ARE	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
a. Authorized Representative	First Name		Middle	Name	
Prefix Mr.	Duane				
Last Name Leib			Suffix		
o. Title Director of General Services d. Signature of Authorized Repr	esentative		805-7	ephone Number 81-5211 e Signed	(give area code)
				Ü	04-4-45
Previous Edition Usable Authorized for Local Reproducti	on		MEC	6 8 2004	Standard Form 424 (Rev.9-2003 Prescribed by OMB Circular A-102
) SEP	U 0 2001	

STATE CLEARING HOUSE

APPLICATION FOR					Version 7/0
FEDERAL ASSISTANCE		2. DATE SUBMITTED 09/07/2004		Applicant Ider	itifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	on Mentifier
☐ Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	fier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION Legal Name:			Organizational Unit:		
Housing Authority of the City of	Oakland, California		Department: Development		
Organizational DUNS: 03-852-2343	Junioria, Junioria	no 15 Toll	Division: N/A	-,, 0,0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Address:	0 15	1 W 13 7 1111		number of pe	rson to be contacted on matters
Street:	四度场	TIVIT	involving this applic		a code)
1619 Harrison Street	1101	2004	Prefix: Ms.	First Name: Bridget	
City: Oakland	MAY SEP	- 8 60	Middle Name		
County: Alameda	1717/	FARING HOUSE	Last Name Calka		
State: California	Zip Gode 94612	EARING	Suffix:		
Country: United States	ISTAIL		Email: bgalka@oakha.org		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (give a	rea code)	Fax Number (give area code)
94-6000758			510-587-2142		510-587-2145
B. TYPE OF APPLICATION:		The second secon	7. TYPE OF APPLICA	NT: (See back	of form for Application Types)
New If Revision, enter appropriate letter		n 🔲 Revision	N.		
(See back of form for description	of letters.)		Other (specify)		
Other (specify)			9. NAME OF FEDER/ U.S. Department of H	AL AGENCY:	en Davalonment
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE TI		
		14-866			ning centers that will provide
TITLE (Name of Program); HOPE VI Neighborhood Network	ks Grants FY 2003	114-0100	other residents of the	Chestnut Court	nal services to public housing and , Linden Court and Mandela
12. AREAS AFFECTED BY PRO		, States, etc.):	Gateway HOPE VI de	velopments in \	West Oakland, California.
Oakland, Alameda, California			,		
13. PROPOSED PROJECT Start Date:			14. CONGRESSIONA	L DISTRICTS (
10/1/04	Ending Date: 04/01/09		a. Applicant 9th		b. Project 9th
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PROCI		REVIEW BY STATE EXECUTIVE
a. Federal \$	2:	50,000 ~	a Yes THIS PRE	APPLICATION	APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant . S		62,500 [™]		S FOR REVIEW	
c. State \$		00	DATE: 9/	7/2004	
d. Local \$		ua	b. No. I PROGRAI	M IS NOT COV	ERED BY E. Q. 12372
e. Other \$	7	. 00	OR PROC		FBEEN SELECTED BY STATE
f. Program income \$		· UU			IT ON ANY FEDERAL DEBT?
g. TOTAL \$	5	12,500	Yes If "Yes" attach	an explanation	. R No
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	WLEDGE AND BELIEF, AUTHORIZED BY THE (ALL DATA IN THIS APPI SOVERNING BODY OF T			
a. Authorized Representative	First Name		Middle	Name	
Prefix Mr.	Jan		Suffix	,	
Last Name Gresley					
b. Title Executive Director	1		510-87		give area code)
d. Signature of Authorized Repre-	sentative		e, Date	Signed	

Previous Edition Usable
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Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR				2. DATE SUBMITTED 08/30/04 Applicant Identifier R9#03-434			
FEDERAL A	ASSISTANCI	E		1	R>#05 454		
TYPE OF S Application	UBMISSION	Preapplication		3. DATE RECEIVED BY STATE	State Application Identifier		
□ Construction ■ Non-Construction		□ Construction □ Non-Construc	etion	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier A009051050		
	5. APPLICANT INFORMATION Legal Name: Monterey Bay Unified Air Pollution Control District			Organizational Unit: Executive Office			
Legal Name. IVIOITECE				Organizational Onit: Executive Office			
Address (give city, county, state, and zip code): 24580 Silver Cloud Court, Monterey, CA 93940 DUNS# 125-103-275				Name and telephone number of the person to be contacted on matters involving this application (give area code) Esta Martin, District Accountant (831) 647-9418 X 229			
6. EMPLOYER IDENT	IFICATION (EIN): 94	-2301821		7. TYPE OF APPLICANT: (enter appropriate letter here) <u>G</u>			
6. EMPLOYER IDENTIFICATION (EIN): 94-2301821 8. TYPE OF APPLICATION: X New Continuation Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award C. Increase Duration Other Specify: D. Decrease Duration				A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify):			
				9. NAME OF FEDERAL AGENCY: EPA Region	on IV		
10. CATALOG OF FED	NED A I						
	ance number: 66.0	001		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Basin Wide Pollution Program			
TITLE: Air	Pollution Contr	ol Program S	Support(105)				
12. AREAS AFFECTED) BY PROJECT (cities (counties states etc.)·				
Monterey, Santa		ouniss, suiss, sie	<i>,</i> .				
Benito Counties i	·						
13. PROPOSED PROJEC	CT:	14. CONGRES	SIONAL DISTRICT OF:				
Start Date	End Date	a. Applicant:	16th Congression	nal District	b. Project Same		
10/1/04	9/30/05						
15. Estimated Funding:				16. IS APPLICATION SUBJECT TO REVIE	W BY STATE EXECUTIVE ORDER		
a. Federal		\$	283,400.00	12372 PROCESS?			
b. Applicant	- France C Press 17 1/		2,061,553.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON:			
c. State	HECEIN		1,416,724.00	DATE 08/30/04			
d. Local	SEP 0 3 2	004 s	161,190.00	b. NO.			
e. Other	ATECHEADING	\$	125,791.00	□ PROGRAM IS NOT COVERED BY E □ OR PROGRAM HAS NOT BEEN SEL			
f. Program Income \$ 0.00			0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
					X No		
BEEN DULY	ST OF MY KNOWLEDG Y AUTHORIZED BY TI SANCE IS AWARDED.	GE AND BELIEF. HE GOVERNING I	ALL DATA IN THIS APP BODY OF THE APPLICAN	LICATION/PREAPPLICATION ARE TRUE AND COR IT AND THE APPLICANT WILL COMPLY WITH THI	RECT, THE DOCUMENT HAS E ATTACHED ASSURANCES IF		
a. Typed Name of Authorized Representative. Douglas Quetin				b. Title: Air Pollution Control Officer	c. Telephone Number (831)647-9411		
d. Signature of Authorize	d Representative				e. Date Signed 08/30/04		
Previous Editions Not Usable					Standard Form 424A (REV 4-88)		

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved OMB No. 1875-0106 Exp. 11/30/2004

Applicant Information	-
1. Name and Address	Organizational Unit
Legal Name: Advancement through Opportunity and	Knowledge
Address: 3320 West Adams Boulevard	
Los Angeles	<u>CA</u> <u>Los Angeles</u> <u>90018 – 1338</u>
City	State County ZIP Code + 4
2. Applicant's D-U-N-S Number 1 4 5 9 7 6 1 1	2 6. Novice Applicant X Yes No
3. Applicant's T-I-N 9 5 - 4 4 1 5 1 1 5	7. Is the applicant delinquent on any Federal debt?YesX_No
4. Catalog of Federal Domestic Assistance #: 84. 1 8 4 B	(If "Yes," attach an explanation.)
Title: Mentoring Programs	8. Type of Applicant (Enter appropriate letter in the box.)
CFDA #84.184B	
	A - State F - Independent School District B - Local G - Public College or University
5. Project Director: Lydia Templeton	— С - Special District H - Private, Noл-profit College or University
Address: 3320 West Adams Boulevard	D - Indian Tribe I - Non-profit Organization
Los Angeles CA 90018 - 1338 City State Zip code + 4	E - Individual J - Private, Profit-Making Organization
City State Zip code + 4 Tel. #: (323) _7312600 Fax #: (323) _7312609	K - Other (Spealfy):
	E - Individual J - Private, Profit Making organization K - Other (Specify): SEP 0 7 2004
E-Mail Address; <u>itemplyd@aol.com</u>	12. Are any research activities involving human subjects/frequed at any time during the proposed project period?
Application Information	CLEAR
9. Type of Submission: -PreApplication -Application	12. Are any research activities involving human subjects from an any time during the proposed project period?
Construction Construction	Yes (Go to 12a.) X No (Go to item 13.)
Non-Construction X Non-Construction	12a. Are all the research activities proposed designated to be
 Is application subject to review by Executive Order 12372 process Yes (Date made available to the Executive Order 12372 	s? exempt from the regulations? Yes (Provide Exemption(s) #):
process for review):/	
_X_No (If "No," check appropriate box below)	No (Provide Assurance #):
Program is not covered by E.O. 12372. Program has not been selected by State for rev	13. Descriptive Title of Applicant's Project:
· · · · · · · · · · · · · · · · · · ·	MORE (Mentoring Opportunities Reinforcing Education
	Mentoring Programs for Middle School Students
11. Proposed Project Dates: <u>08 / 01 / 2004</u> <u>07/ 31 / 2007</u> Start Date: End Date:	
	esentative Information f my knowledge and belief, all data in this preapplication/application are true
14a. Federal \$ 596,468	The document has been duly authorized by the governing body of the applicant
b. Applicant \$, 00 and the appli	icant will comply with the attached assurances if the assistance is awarded.
	oresentative (Please type or print name clearly.)
	<u>Fempleton</u>
	er and Executive Director
	731 - 2600 Fax # (323) 731 - 2609
.	s. jtemplyd@aol.com
g. TOTAL \$ 596,468 00 e. Signature of A	authorized Representative
Tali I	m (17/ 02 / 2004

APPLICATION FOR FEDERAL ASSISTANCE 2 DATE SUI	Version 7/
	JUL 2 U 2004
Application Pre-application	EIVED BY STATE State Application Identifier
L! Non-Construction	FIVEO BY FEDERAL AGENCY Federal Identifier
/5. APPLICANT INFORMATION Legal Name:	
<i>k</i> = σ : · · · · · · ·	Organizational Unit: Department:
TUO LUMNE COUNTY YOSEMITE VISTA E Organizational DUNS: 131130056	Ovision N.V.E. MUTUAL SANITATION
Address	Name and telephone number of person to be contacted on mutters
Street: 22645 PROSPECT HEIGHTS	involving this application (give area code) Prefix: First Name: MARLA
CAY. GROVE LAND	Middle Name LIANE
County: TUOLUMNE	Last Name RUMBAUGH
State: CALIFORNIA Zip Code 95321	Suffix:
Country: U.S.A	Епый:
6. EMPLOYER IDENTIFICATION NUMBER (EIN):	Phone Number (give area code) Fax Number (give area code)
99-37 96690 E TYPE OF APPLICATION:	209 942-5988 209-942-0736
New Continuation Revision, enter appropriate letter(s) in boy(es)	7. TYPE OF APPLICANT: (See back of form for Application Types) ion
See back of form for description of letters.)	Other (specify)
Other (specify) 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:	9. NAME OF FEDERAL AGENCY:
TITLE (Name of Program): WATERS WASIE DISPOSAL LOAM & GRANT PROGRA 12 AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):	IMPROVE SANITATION System
13 PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:
Sant Date: Ending Date:	a. Applicant , b. Project
S. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
1. Federal \$ 486, 250.0	THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372
State JECEIVED	PROCESS FOR REVIEW ON
Local	DATE:
Other SEP 0.7 2004	b. No. PROGRAM IS NOT COVERED BY E. O. 12372
Program Income 5	FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
TOTAL STATE CLEARING HOUSE	 .
R. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN T OCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BO TACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	TYES I "YES" STEECH ON EXPERIENCE. NO HIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DITY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE
Authorized Representative	Middle Name
MARLA-	LIANG
S Name Dung Dung	Suffix
TITLE MANAGER & ROAKD DIRECT	Suffix
KUMBHUGH	Suffix

APPLICATION FOR	_	O DATE CUDANTED		Applicant Ident	Version 7/03	
FEDERAL ASSISTANCI		2. DATE SUBMITTED	09/03/04	1		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY		State Application NCY Federal Identifi		
☐ Construction ☐ Non-Construction	Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGE	NOT rederation	G:	
5. APPLICANT INFORMATION			l Cumpaine Mana	I I I mile:		
Legal Name:			Organizationa Department:	i Unit.		
Fremont Family Resource Cen	ter		Division:			
Organizational DUNS: 0765	549104					
Address: Street:				phone number of per application (give area	son to be contacted on matters a code)	
			Prefix:	First Name:	Judy	
39155 Liberty Street #A110 P.0 City: Fremont	D. Box 5006		Middle Name		occy	
Frémont County:			Last Name	Ellen		
Alameda				Schwartz		
State: CA	Zip Code 94537-5006		Suffix:			
Country: USA			Email:	chwartz@ci.fremont.ca	us	
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):			(give area code)	Fax Number (give area code)	
94-333383	П		510-574-2274		510-574-2277	
8. TYPE OF APPLICATION:			7. TYPE OF A	PPLICANT: (See back	of form for Application Types)	
₩ Ne		n Revision				
If Revision, enter appropriate le			Other (specify)			
045 (er the umbrella of the CEDERAL AGENCY:	ity of Fremont	
Other (specify)			Department of Health and Human Services 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	CE NUMBER:	ŧ		•	
	•	93-570	Fremont Famil	y Resource Center- Fa	mily Economic Success Initiative	
TITLE (Name of Program): CSBG T/TA Program-Earned I	ncome Tax Credit (EITC)	and Other Asset Formati				
12. AREAS AFFECTED BY PR						
Alameda County/Citles (Fremo	nt, Union City, Newarkan	d others)				
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	SIONAL DISTRICTS	b. Project	
January 1, 2005	December 31, 2005		13th		13th	
15. ESTIMATED FUNDING:			ORDER 12372	PROCESS?	REVIEW BY STATE EXECUTIVE	
a. Federal		70,000	a. Yes. Z	IIS PREAPPLICATION	/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant		133,249		ROCESS FOR REVIEW		
c. State	}	50,000	DA	TE: 9/03/04		
d. Local	}	.00	b. No. IT PR	ROGRAM IS NOT COV	ERED BY E. O. 12372	
e. Other	3		OF		T BEEN SELECTED BY STATE	
f. Program Income)	242,308	_ FC	DR REVIEW PLICANT DELINQUEI	NT ON ANY FEDERAL DEBT?	
g. TOTAL		0 ,	Type If "You	" attach an explanation	IZ No	
18. TO THE BEST OF MY KN	OWI FOCE AND DELIES	495,557				
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	(AUTHORIZED BY THE	GOVERNING BODY OF	THE APPLICAN	T AND THE APPLICA	NT WILL COMPLY WITH THE	
a. Authorized Representative Prefix Ms.	First Name			Middle Name Ellen	,	
Last Name	Judy			Suffix		
Schwartz b. Title				c. Telephone Number	(give area code)	
Administrator, Fremont Family d. Signature of Authorized Rep	1	*		510-574-2274 e. Date Signed	6/2/01/	
JV A	The //www		The state of the s		Standard Form 424 (Rev.9-2003)	
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09/02/2004	14:39	2903594		:	SCPIP		PAGE 02
	<u> </u>						Version 7/03
APPLICATION FEDERAL ASS			2. DATE SUBMIT	TED		Applicant Iden	ntifier
1. TYPE OF SUBM			8/8/04 3. DATE RECEIV	ED BY	STATE	State Applicat	ion identifier
Application	:	Pre-application	4. DATE RECEIV	ED BY	FEDERAL AGENCY	Federal Identi	fier
Onstruction Non-Construct	i Hon	□ Construction □ Non-Construction					
6. APPLICANT INF	DRMATION	1001100110011000		****	Organizational Un	-	
Legal Name:	ler - Fannan	d 9 leterandian Dwa	amma Ina		Department:	**************************************	
	1	tion & Intervention Pro	gianis, no.	·	Division:		22-07-7
Organizational DUI 008823475					Name and telepho	na number of pe	erson to be contacted on matters
Address: Street:	+			<u> </u>	involving this app	cation (give an	Ma code)
4401 Crenshaw Bh	vd., Suite 315	i			Prefix: Ms.	Eddie	N. 11
City: Los Angeles	· 	Will All			Middle Name Mae		
County:					Last Name Williams		
Los Angeles State; California	+	Zip Code 90043			Suffix:		
California Country:	+	90043			Email:		
America	·	ALLES INCOME OF ALL			emaewilliams@sci		Fax Number (give area code)
	:	N NUMBER (EIN):			323) 290-3593	,	323) 290-3594
9 5 4 3 8 8. TYPE OF APPL					1 /	CANT: (See ba	ck of form for Application Types)
6. TIPE OF APPL	Net	w Continuat	ion Revisio	ın .	Other- nonprofit CI		
f Revision, enter a (See back of form f	propriete let	ter(s) in box(es)	m		Other (specify)		
Other (specify)	1	U			9. NAME OF FEDE DHHS,ACF,OCS		
10. CATALOG O	FEDERAL	DOMESTIC ASSISTA	NCE NUMBER:		1 ;	li .	ICANT'S PROJECT:
	!		93-57	0	Planning project (p) - priority are	a 4
TITLE (Name of P	rogram):						·
12. AREAS AFFE	CTED BY PR	OJECT (Cities, Count	ies, States, etc.):				
13. PROPOSED F	ROJECT				14. CONGRESSIO	NAL DISTRICTS	B OF:
Start Date: 10/1/04		Ending Date: 9/30/05			a, Applicant 33		33
16. ESTIMATED	UNDING:		**************************************		16. IS APPLICATI ORDER 12372 PR	N SUBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal	İs				THIS I	PREAPPLICATIO	N/APPLICATION WAS MADE
b. Applicant			75,000	~	1 /7 # /7 (14-)	ABLE TO THE S ESS FOR REVIE	TATE EXECUTIVE ORDER 12372 W ON
			·		1	9/1/04	•
c. State	5				1		WEDED DV E () 42972
d. Local	5				D. NO. 114		OVERED BY E. O. 12372
e. Other			, w		U FOR #	ĬFV:FW	OT BEEN SELECTED BY STATE
f. Program Income	,	-	00		17. IS THE APPLI	CANT DELINGU	ENT ON ANY FEDERAL DEBT?
g. TOTAL			.00		─ ☐ Yes If "Yes" att	ech an explanati	on. Æ No
	TOE MY KN	NVI EDGE AND RELI	EF ALL DATA IN 3	HIS AP	PLICATIONPREAP	LICATION ARE	TRUE AND CORRECT. THE
DOCUMENT HAS ATTACHED ASSU	BEEN DULY JRANCES IF	AUTHORIZED BY THE ASSISTANCE IS	HE GOVEKNING BO	ODY OF	THE APPLICANT A	ND THE APPLIC	ANT WILL COMPLY WITH THE
a. Authorized Rep Prefix Ms.	<u> </u>	First Name Eddle			Mid	de Name	
	·	Eddie			Suf		A.M.
Last Name Williams				·····			ar (give area code)
b. Title Executive Directo					(323) 290-3593	
d. Signature of Au	thorized Rep	resentative Codols	i Mail 28	Za.			8/8/04/ Standard Form 424 (Rev.9-2003
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	•						
				レースエ	E OLEADING	HUICE	
			1,	SIAI	E CLEARING		

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED July 21, 2004		Applicant Identifier CA0310500	
1, TYPE OF SUBMISSION:		3. DATE RECEIVED BY	Y STATE	State Application Identifier	
Application	Pre-application	4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Construction	☐ Construction ☐ Non-Construction				
Non-Construction 5. APPLICANT INFORMATION	A Mou-Coustingnon				
Legal Name:			Organizational Unit: Department:		
City of Roseville			Roseville Police Depa Division:	artment	
Örganizational DUNS: 076119643			Administration		rson to be contacted on matters
Address: Street:			Involving this applic	ation (give are	a code)
			Prefix: Mrs.	First Name: Dec Dec	
1051 Junction Blvd.		- 1998	Middle Name		
Roseville County:			Last Name Gunther		****
Placer			Gunther Suffix:	A STATE OF THE STA	- Market
State: CA	Zlp Code 95676				
Country: U.S.A.	\	•	Email: ddgunther@roseville	.ca.us	
6. EMPLOYER IDENTIFICATI	ON NUMBER (EIN):		Phone Number (give	area code)	Fax Number (give area code)
94-600040	9		(916) 774-5015	AND 75	(916) 774-5019
8. TYPE OF APPLICATION:		h res		ANT: (See bed	k of form for Application Types)
If Revision, enter appropriate is	ew [] Continuation	on 🔲 Revision	C		
(See back of form for description	on of letters.)		Other (specify)		
Other (specify)			9. NAME OF FEDER	IAL AGENCY:	Community Orlented Policing Service
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	ICE NUMBER:			CANT'S PROJECT:
ID. CATALOG OF PEDERAL	DOMESTIC ASSISTAN	16-710	Video surveillance o		
TITLE (Name of Program):					
Secure Our Schools 12. AREAS AFFECTED BY P	DO IECT (Cities Counties	on States etc.			
City of Roseville, Placer Cour		94, Gtalba, 610.j.			
13. PROPOSED PROJECT	ny, camorina		14. CONGRESSION	AL DISTRICTS	
Start Date:	Ending Date: August 31, 2005		a. Applicant 4th		b. Project 4th
15. ESTIMATED FUNDING:	August 51, 2005		16. IS APPLICATIO	N SUBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal	\$.00	a. Yes. AVAILA	REAPPLICATIO	N/APPLICATION WAS MADE
	•	23,312		BLE TO THE S SS FOR REVIE	TATE EXECUTIVE ORDER 12372
b. Applicant	4	·			
c. State	\$	-		09-01-2004	
d. Local	\$		D. 190. LL,2		VERED BY E. O. 12372
e. Other	\$	23,313		=\	OT BEEN SELECTED BY STATE
School Districts f. Program Income	\$.00	17. IS THE APPLIC	ANT DELINGU	ENT ON ANY FEDERAL DEBT?
g. TOTAL	\$	00	— n	avalanati	on. 🖾 No
1 =	1*	46,625	Yes if "Yes" atta		TRUE AND CORRECT, THE
DOCUMENT HAS BEEN DU	_Y AUTHORIZED BY TH	IE GOVEKNING BODY (OF THE APPLICANT AN	D THE APPLIC	ANT WILL COMPLY WITH THE
ATTACHED ASSURANCES	IF THE ASSISTANCE IS	AWARDED.			
Prefix Mr.	First Name W.		Midd Cra	le Name id	
Last Name			Suffi		
Robinson b. Title					er (give area code)
City Manager	presentative			3) 774-5362 ate Signed	
d. Signature of Authorized Re	hrageringuva		V LS D		Standard Form 424 (Rev.9-200)
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		MYN A PRINCIPAL OLD MAN A MAN A			
	18	TATE CLEARIN	G HOUSE I		

APPLICATION FOR					Version 7/0
FEDERAL ASSISTANCE	=	2. DATE SUBMITTED 7/17/2004		Applicant Identifier	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY		State Application Identifier	
Construction	∠ Construction	4. DATE RECEIVED BY	FEDERAL AGENC	Y Federal Ident	fier
Non-Construction	Non-Construction		7/17/2004		
5. APPLICANT INFORMATION			Organizational II	~i4·	
Legal Name:			Organizational U	nit.	•
Bodega Water Company, Inc.					water and the same
Organizational DUNS:			Division:		
Address:					erson to be contacted on matters
Street:		•	involving this ap	First Name:	a code)
P.O. Box 87			Mr.	[Rick
City: Bodega			Middle Name Lyn	n	
County: Sonoma			Last Name Wil	liams	
State: California	Zip Code 94922	VIII.	Suffix:	, 224, 11, 124, 114, 114, 114, 114, 114,	•
Country: United States			Email:	Dbodegaschool.co	m
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):	***************************************	Phone Number (gi	<u> </u>	Fax Number (give area code)
94-2741304			(707) 876-3544		(707) 876-1979
8. TYPE OF APPLICATION:		***************************************	7. TYPE OF APPL	ICANT: (See bad	k of form for Application Types)
✓ Nev		n Revision	N Non-profit M	lutual Benefit Corp	oration
If Revision, enter appropriate let (See back of form for description			Other (specify)	·	
Other (specify)			9. NAME OF FED		
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANT	CE NUMBER:	USDA Rural D		CANT'S PROJECT:
IV. CATALOG OF FLDLKAL	POMESTIC ASSISTANT				oir Construction, Treatment Plant
TITLE (Name of Program):					astructure Upgrades
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s, States, etc.):			
Township of Bodega, County of	Sonoma, State of Califo	ornia			
13. PROPOSED PROJECT	Trutius Data		14. CONGRESSIO	DNAL DISTRICTS	
Start Date: September 2004	Ending Date: Noven	nber 2005	a. Applicant California 6th	District	b. Project California 6th District
15. ESTIMATED FUNDING:					REVIEW BY STATE EXECUTIVE
a. Federal \$. 00	ORDER 12372 PR		N/APPLICATION WAS MADE
b. Applicant \$		500,000	_ a. Yes. : □ AVAIL		ATE EXECUTIVE ORDER 12372
	ESEN/ED	00			
c. State	ECFINED	'	DATE		
d. Local \$	SEP 0 7 2004	.00	b. No. PROG	GRAM IS NOT CO	/ERED BY E. O. 12372
e. Other \$	3EF V 1 200+	.00		ROGRAM HAS NO	T BEEN SELECTED BY STATE
f. Program Income	TT AL MARINE LIAL	.00			NT ON ANY FEDERAL DEBT?
g. TOTAL \$	TE CLEARING HOL	00	Voc If "Voc" at	ach an explanation	n. 🕊 No
18. TO THE BEST OF MY KNO	WI EDGE AND BELIEF	500,000 SALL DATA IN THIS API			
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF			
a. Authorized Representative Prefix	First Name	- Califfernia	Mid	dle Name	
Mr.	Rick			Lynn	
Last Name Williams			Suf	fix	
b. Title President		,	c. T	elephone Number 707/876-3544	(give area code) 707/290-9186
d. Signature of Authorized Repre	sentative	The second secon	е. С	Date Signed	01/290-9188
- COVV				815	7 7

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L'antinatina	i i				Version 7/0
APPLICATION P	BTANCE	2 DATE SUBMITTED		Applicant ide	
T. TYPE OF SUBMIS	SION;	3. DATE RECEIVED I	YSTATE	Sete Applica	tion Identifier
Application	Pre-application	4. DATE RECEIVED B	V PEDERAL AGENCY	Federal Idem	fier
Construction	Construction		TO LOCK TOWN		
Non-Construct	Non-Construction				
Legisi Name:	ROZION	,	Organizational Un	it:	
Southeest Communi	des Prevention & Intervention Pro-	grams, Inc.	Department;		
Organizational DUN:			Division:		
Address			Neme and telepho	ne rember of p	eragn to be contacted on matters
Street: 4401 S. Crarmhaw Blvd, Suite 315		Involving this application (give area code) Prafix: Prafix: Prafix: Eddie Mae			
		**************************************		Eddle Mee	
City: Los Angales)	A. W 4 ³ 41	Middle Name		i
County: Los Angeles			Lest Name Williams		
State: California	Zip Code 90043		Suffix:		
Country:		,	Email:	¥	e e e e e e e e e e e e e e e e e e e
E EMPLOYER IDEN	TIFICATION NUMBER (EIN):		Phone Number (six	e Hreadocde)	Fax Number (give ane codo)
6 5 4 3 E	i .		(323)290-3523		(323)290-8594
S. TYPE OF APPLIC			7. TYPE OF APPL	CANT: (See bed	ck of form for Application Types)
0, , , , , , , , , , , , , , , , , , ,	New I Continuet	on E Revision	Other - Non Profit (CDC	•
if Revision, enter app (See back of form for	ropriete iditor(s) in box(es) description of letters.)	[FTT]	Other (specify)		
Other (specify)	 		. NAME OF FEDE	RAL AGENCY:	
			DHHS, ACF, OCS	THE REAL	CANT'S PROJECT:
10. CATALOG OF	EDERAL DOMESTIC ASSISTAN		Planning Project (F		
		93-570		ų.	
TITLE (Name of Pro					
1 5 5	ED BY PROJECT (Cities, Count	es, States, etc.).		•	
	Los Angeles County				
13, PROPOSED FR			14. CONOR 19816 a. Applicant	NAL DISTRICTS	OF: b. Project
Start Date:	Ending Date: 9/30/05	4	33	1	23
14. ESTIMATED FU			16. IS APPLICATION	ON SUBJECT TO	REVIEW BY STATE EXECUTIVE
s. Federal	8		ORDER 12372 PRO	INCLASION IN ATION	NAPPLICATION WAS MADE
h. Accellance	and the same of th	75,000	I AVAIC	ABLEITO THE ST	ATE EXECUTIVE ORDER 12372
b. Applicant	LECEIVE				
c. State	1/6	Q1	DATE:	9/1/04	
di Local	SEP 0 1 20	04	p. No. U.J	7	VERED BY E. O. 12372
a. Other		000	(~ EAG =	医(化复数)	OT SEEN SELECTED BY STATE
f. Program Income	STATE CLEARING	1	17. BY THE APPLIC	ANTOELINGUE	NT ON ANY FROMRAL DEBT?
g. TOTAL	8		☐ Yes If "Yes" att		
DOCUMENT HAS B	P MY KNOWLEDGE AND BELLE ERN DULY AUTHORIZED BY TH ANCES IF THE ABBISTANCE IS	e goarking rodt o	PPLICATION/PREAPP F THE APPLICANT A	ID THE APPLICA	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
H. Anthorised Repres	entative		1 41 1	h Name	
MATIX	First Name Eddie Mae				A STATE OF THE STA
Last Name Williams			<u> ទីប</u> ពី	x alephene Numbe	r (et) or h very grades
Executive Director			(32)	3)200(3593	(Cive side cone)
d. Signature of Author	rized Representative	Mar Billio	1.0	ete Styried 8	8 and Farm 424 (Rev.9-2003)
Previous Edition Usa Authorized for Local	pre-			· · ·	Prescribed by OMB Circular A-102